that in either case it no longer presses the fluid into its own substance. The author calls the attention of alienists to this subject, as well as to the fact, reported by some, of the rare existence after death of fluid in the sac of the dura mater itself.—*Glasgow Med. Journ.*, July, 1875, from *Reichert and Du Bois-Reymond's Archiv*, Part III., 1874.

---

4. *Cerebral Hemorrhage with Hemianæsthesia.*—The occurrence of hemianæsthesia in lesions of the cerebral hemisphere has thrown much light upon the localization of brain function. From the post-mortem researches of Türck, and the experiments undertaken by Veysierre, it has now been pretty well established that anæsthesia of one-half of the body is most marked when the lesion invades the white matter just outside the optic thalamus, where the cerebral peduncle passes into the radiating crown of Reil—the part called by M. Charcot and others the "internal capsule"—and the neighbouring white substance of the posterior lobe. A case recently related by M. RAYMOND at the Société Anatomique fully bears this out. It concerned a woman eighty-nine years of age, who was under the care of M. Charcot at the Salpêtrière Hospital, who was attacked with apoplexy. There was profound coma, partial right hemiplegia, and complete right hemianæsthesia (no kind of stimulus applied to the skin leading to any response). On the left side both motor power and sensibility were perfectly retained. There was no appreciable difference in temperature between the two sides. Death occurred on the day after the seizure; and there was found a recent clot in the left hemisphere, taking a linear direction from the anterior extremity of the nucleus caudatus to about four centimetres from the posterior part of the occipital lobe. It involved the whole of the island of Reil, as well as part of the lenticular nucleus of the corpus striatum. The caudate nucleus and optic thalamus were free. M. Charcot remarked on the riband-like form taken by the clot, as being determined by the direction of the bundles of nerve-fibres between the lenticular nucleus and the "external capsule."—*Lancet*, Aug. 14, 1875.

---

5. *Glycogenic Function of the Liver.*—Prof. LUSSANA, of Padua, asserts that glycogen is not a physiological product of the liver; that there is, as he expresses it, "no hepatic function of glycogenesis." This statement is made on the strength of a series of experiments extending over the last five years, in all of which the liver was examined immediately after death. Various animals—pigeons, fowls, frogs, rabbits, and dogs—were used. A large porcelain basin was kept ready full of boiling water, and the instant the abdomen was opened the vessels and ligaments were rapidly divided, and the liver removed and thrown into it. In the still boiling liquid the liver was cut up into very small pieces, this procedure lasting an hour, and then all was allowed to cool. The residue was then strained, and if necessary, repeatedly filtered, until the filtrate was absolutely colourless and transparent, and free from all albuminoid substances. In not a single experiment conducted in this way could Lussana detect the faintest trace of glycogen; on the other hand, this substance was always found in varying amount in livers which were not examined until some little time after the death of the animal, the quantity being proportional to the length of the interval which elapsed before examination.—*Med. Times and Gaz.*, Aug. 14, from *Centralblatt*, July 31, 1875.

---

6. *The Discharge of Ova, and its Relation in Point of Time to Menstruation.*—It is still a vexed question among physiologists at what period the human ovary discharges its products into the Fallopian tubes. The general belief is that the ova are thrown off towards the end of the menstrual flow or immediately after its cessation. Dr. JOHN WILLIAMS, Assistant Obstetric Physician to University College Hospital, however, in a note communicated to the Royal Society, and published in *Proceedings* No. 162, brings forward a number of cases which tend to prove that the discharge of ova really occurs before the appearance of the monthly flow with which it is connected. In ten out of fourteen bodies of women dying of various diseases, either a day or two before, or two or three weeks after, the ordinary catamenial period, rupture of a

Graafian follicle, or hemorrhage into its cavity, had occurred before the return of the menses. Of the other cases—in one it was doubtful whether rupture of a follicle or the appearance of the discharge would have taken place first; in two a menstrual period had passed without maturation of a follicle; and in the fourth a periodical discharge was imminent, though the ovaries contained no matured Graafian follicle. Dr. Williams finds that other writers, who have recorded cases similar to his, in the main favour the view he supports. Reichert, however, who has examined the bodies of twenty-three women, in whose organs signs of menstruation were recognizable, arrived at the conclusion that rupture of the Graafian follicle takes place at an early stage of the menstrual flow.—*Medical Times and Gazette*, Aug. 28, 1875.

7. *Researches on the Mammæ of new-born Infants.*—Dr. **De Sinety** has published (*Archives de Physiologie*, May—July, 1875) an account of some interesting investigations made by him in the histological laboratory of the College of France on the mammæ of new-born infants. From these researches he draws the following conclusions:—

1. That the milk obtained from the mammæ of new-born infants, some days after birth, is the product of a true secretion.
2. That the anatomical and physiological condition of the mammary glands at this period corresponds in many respects to that observed in adult females during lactation.

8. *Rotatory Motion of the Heart.*—H. **Wilkens** gives an interesting account of the motions of the heart as directly observed by him in the case of a man in whose thorax there was a wide fistula. By directing reflected sunlight into this fistula, the motions of the heart, covered by the pericardium, could be distinctly perceived. The heart was much displaced towards the right side. With every systolic act the left and rather sharp border moved forwards and to the right, the vertical groove, which could be seen through the pericardium, taking up a position at the same time more in the centre of the latter, a large portion of the left ventricle coming into view anteriorly. Simultaneously the whole organ was also distinctly observed to be forced downwards. These visible motions were further corroborated by actual examination with the index finger thrust in through the fistula. A small rod fastened to the heart near its apex (as was proved *post-mortem* by minute spots of extravasated blood), and to which another rod was attached transversely, showed that the point fixed in the heart described a curve, the concavity of which looked inwards, running from behind forwards and downwards. The author views the systolic rotatory motion of the heart, and of the impulse of the apex observed in this case, in the light of Bamberger's and Kornitzer's theory; and points out that the arrangement of the muscular fibres of the heart, and particularly of the middle spinal layer, must bring about a rotatory movement of the apex also during contraction, as was here seen (from the observer's right to left). He shows further that the rebound, according to Skoda, besides causing the heart to move downwards, must also favour the twisting, already commenced, of the whole organ.—*Dublin Journal Med. Science*, July, 1875, from *Deutsch. Archiv für Klin. Med.*, 1874.

MATERIA MEDICA, GENERAL THERAPEUTICS, AND PHARMACY.

9. *Bromhydrate of Quinia.*—Prof. **Gubler** states (*Journal de Thérap.*, July 10, 1875) that he has frequently employed this new preparation, both in private and in hospital practice, and that it has the advantage of being more rich in the alkaloid and more soluble in various menstrua than the sulphate of quinia. He gives usually 0.40 centigramme in two doses daily, sometimes reaching 0.60 or 0.80 centigramme; and, on very rare occasions, one gramme.